



C A L I F O R N I A   D E P A R T M E N T   O F  
**Mental Health**

1600 9th Street, Sacramento, CA 95814  
(916) 654-3576

**REVIEW EVALUATION  
FISCAL YEAR 2001-2002**

This evaluation form is to be completed by California mental health consumers and family members who have participated in an onsite review of a California county's Specialty Mental Health Services. Information taken from this form will be used to assist us in making any necessary changes or improvements to future reviews and will also provide us with valuable insight on your experience as a review participant.

MHP/County: \_\_\_\_\_

Dates of Review: \_\_\_\_\_

The annual review of Specialty Mental Health Services included the following topics in the protocol.

**Instruction:** Please evaluate how effectively these topics were covered and the findings obtained. (If additional space is needed, please use page 5 or attach an additional page.)

**Section A - Plan Requirements and Amendments:**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor   ☐ Did Not Participate

Comments \_\_\_\_\_  
\_\_\_\_\_

**Section B - Access:**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor   ☐ Did Not Participate

Comments \_\_\_\_\_  
\_\_\_\_\_

**Section C - Authorization:**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor   ☐ Did Not Participate

Comments \_\_\_\_\_  
\_\_\_\_\_

**Section D - Beneficiary Protection:**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor   ☐ Did Not Participate

Comments \_\_\_\_\_  
\_\_\_\_\_

**Section E - Contracts:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

\_\_\_\_\_

**Section F - Mental Health Boards and Commissions:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

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**Section G - Interface with Physical Health Care:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

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**Section H - Provider Relations:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

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**Section I - Quality Improvement Program:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

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**Section M - Outcome Measures:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

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**Section N - Funding and Reporting Requirements:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

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**Section O - Target Populations and Array of Services:**

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Did Not Participate

Comments\_\_\_\_\_

\_\_\_\_\_

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**Notification and Preparation**

Were you given sufficient notification of review date, start date and time?

☐ Yes ☐ No Comments\_\_\_\_\_

Do you feel you had sufficient contact with the Team Coordinator prior to the review?

☐ Yes ☐ No Comments\_\_\_\_\_

Did you receive the preparation/reading material in a timely manner for your review?

[ ] Yes [ ] No Comments \_\_\_\_\_

### **Entrance Conference**

Please comment on how effectively the following areas were covered:

Introductions: \_\_\_\_\_

\_\_\_\_\_

Purpose and authority: \_\_\_\_\_

\_\_\_\_\_

Discussion of key areas: \_\_\_\_\_

\_\_\_\_\_

Schedule of activities: \_\_\_\_\_

\_\_\_\_\_

Opportunity to ask/answer questions related to the protocol: \_\_\_\_\_

\_\_\_\_\_

### **Review Activities**

Please comment on the effectiveness of the following areas:

Usefulness of protocol tool: \_\_\_\_\_

\_\_\_\_\_

Clarity: \_\_\_\_\_

\_\_\_\_\_

Focus: \_\_\_\_\_

\_\_\_\_\_

Pertinence: \_\_\_\_\_

\_\_\_\_\_

Allocation of time: \_\_\_\_\_

\_\_\_\_\_

Access to MHP staff: \_\_\_\_\_

\_\_\_\_\_

Opportunity to ask/answer questions: \_\_\_\_\_

\_\_\_\_\_

**Exit Conference**

Please comment on the effectiveness of the following areas:

Oral report of preliminary findings:

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Adequate appraisal:

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Clarity:

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Opportunity to ask/answer questions:

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In what parts of the review did you participate?

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What did you learn from participating in this review?

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What went well during this review?

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What could have been done differently?

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What suggestions do you have for improving future reviews?

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Are you satisfied with your degree of participation in this review?

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How would you describe your overall experience reviewing this county's mental health plan?

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Thank you for taking the time to complete this evaluation. We appreciate receiving your comments and will consider them in our performance of future reviews. Please return completed evaluation to:

Wanda Wong  
Consumer and Family Liaison  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 250  
Sacramento, CA 95814

For your convenience, this form can be accessed through our website at:  
{ HYPERLINK "http://www.dmh.cahwnet.gov/programcomp/medical.asp" }